

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/550154 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15						
16		2				
17						
18						
19						
20						
21						
22			1			
23						
24						
25						
26						
27	1					
28						
29						
30		3				
31		3				
32		1				
33		3				
34		3				
35		3				
36		1				
37		2				
38		1				
39		1				
40		1				
41		1				
42	1					
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	53					
TOTAL CLAIMS	100					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY